Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial account numbers must include only the last four digits (e.g., xxx-xx-1234)
- Birth dates must include the year of birth only (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by initials only (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

HOW TO PROCEED WITH AN EMPLOYMENT DISCRIMINATION OR REHABILITATION ACT LAWSUIT

INSTRUCTIONS FOR A PERSON WITHOUT AN ATTORNEY

This packet contains forms to permit you to file the following:

Form 1. Civil Complaint

Form 2. Description of Lawsuit for Court Assignment

Form 3. Application to Proceed <u>In Forma Pauperis</u> (for people unable to pay the filing fee)

Form 4. Request for Appointment of Attorney

GENERAL INSTRUCTIONS

FORM 1 - CIVIL COMPLAINT

You should fill out and file Form 1 - Civil Complaint. When filling out the complaint, you should remember the following:

- 1) You are the plaintiff. The defendant(s) is the employer(s) being sued. If you are filing against a government agency or department, use the title of the head of that agency or department such as Postmaster General, Secretary of the Navy, Secretary of Welfare of Pennsylvania, etc.
- 2) Your complaint must be legibly printed by hand or typewritten.
- 3) You must personally sign your complaint and declare under penalty of perjury that the facts you allege are correct.
- 4) You must attach to the complaint a copy of your Notice of Right to Sue Letter from the Equal Employment Opportunity Commission. The complaint must be filed within the time specified in your Notice of Right to Sue Letter.

FORM 2 - DESCRIPTION OF LAWSUIT FOR COURT ASSIGNMENT

When you file your complaint, you must also complete and file an original and one copy of Form 2 – Description of Lawsuit for Court Assignment.

(Rev. 5/2017)

FORM 3 - MOTION TO PROCEED IN FORMA PAUPERIS ("IFP")

In order for the complaint to be filed, it must be accompanied by the filing fee of \$350 plus a \$52.00 Administrative Fee. If you are unable to pay the filing fee, you must file Form 3 – Motion to Proceed In Form Pauperis with the complaint. On Form 3, you must provide an explanation for why you are unable to pay the filing fee. For example: "I am unemployed and have no money except unemployment compensation." Or: "I earn \$_____ a week and must support a family of _____."

The judge assigned to your case will decide whether to grant you permission to file your case <u>in forma pauperis</u>. If the judge grants you permission to proceed <u>in forma pauperis</u>, then the U.S. Marshal's Office will serve copies of your complaint on the defendant(s). Therefore, you must give the correct name and address of each defendant.

If the judge does not grant permission to proceed <u>in forma pauperis</u>, then you must pay the \$350 filing fee. You then must arrange to serve the complaint on the defendant(s). The U.S. Marshal's Office will **not** automatically serve the complaint for you if you are not granted <u>in forma pauperis</u> status.

FORM 4 - REQUEST FOR APPOINTMENT OF ATTORNEY

If you desire to have an attorney and believe you are entitled to have one appointed, you should file Form 4 – Request for Appointment of Attorney. Attorneys are selected from the Plaintiff's Employment Panel, as outlined in the enclosed Program Description. Please read this enclosure carefully.

You may obtain a copy of your investigative file. Federal employees may do so from the federal agency involved by calling that agency. Other employees can obtain a copy from the Equal Employment Opportunity Commission (EEOC) by writing to:

Fredricka Warren Christine Spriggs EEOC, Information Specialists 801 Market Street, Suite 1300 Philadelphia, PA 19107

When you have completed your forms, bring them or mail them to:

Clerk of Court United States District Court 601 Market Street, Room 2609 Philadelphia, PA 19106-1797

If you have any questions, you may call the Clerk's Office at (215) 597-7704 and ask for the Pro Se Writ Clerk.

NOTE: You should keep a copy of the forms that you file for your records.

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

Brian 1	P. Hague		COMPLAINT FOR EMPLOYMENT
Full name(s)	of Plaintiff(s)		DISCRIMINATION
v.			CIVIL ACTION NO
Full name(s)	of Defendant(s)		
This action is	brought for discrimination	n in employment pursuant t	to (check only those that apply):
	2000e-17 (race, color, ge NOTE: In order to bring		ed, 42 U.S.C. §§ 2000e to gin). rt under Title VII, you must first al Employment Opportunity
	621-634. NOTE: In order to bring in Employment Act, you	must first file a charge with n, and you must have been	rt under the Age Discrimination
	NOTE: In order to bring	g suit in federal district cou et first obtain a Notice of Ri	, 42 U.S.C. §§ 12112-12117. urt under the Americans with ght to Sue Letter from the Equal
	(race, color, family status sex, national origin, the u	s, religious creed, ancestry use of a guide or support and dicap of the user or becaus	3 Pa. Cons. Stat. §§ 951-963, handicap or disability, age, nimal because of blindness, e the user is a handler or trainer

(Rev. 10/2009)

NOTE: In order to bring suit in federal district court under the Pennsylvania Human Relations Act, you must first file a complaint with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations, and then you must wait one year prior to filing a lawsuit.

I.	Parties	s in this	complaint:

A.		ur name, address and telephone number. Do the same for any additional plaintiffs Attach additional sheets of paper as necessary.
Plainti		Name: Brian P. Hagul Street Address: 1235 5. was nock 51. County, City: Phila State & Zip: P. A 19147 Telephone Number: 267-671-5090
В.	sure tha	defendants' names and the address where each defendant may be served. Make at the defendant(s) listed below are identical to those contained in the caption on the ge. Attach additional sheets of paper as necessary.
Defend		Name: Street Address: County, City: State & Zip: Telephone Number:
C.		Employer: PA State Police Troop K phila Street Address: 220 Belmont ave. County, City: Philadelphia State & Zip: PA 19131 Telephone Number: (215) 952-5216
II.	Statem	ent of the Claim
A.		scriminatory conduct of which I complain in this action includes (check only those ply to your case):
	<u></u>	Failure to hire me Termination of my employment Failure to promote me

Case 2:21-cv-01640-CDJ Document 2 Filed 04/06/21 Page 6 of 9

	1	1	
		Failure to reasonably accommodate my disability	
		Failure to reasonably accommodate my religion	
		Failure to stop harassment	
		Unequal terms and conditions of my employment	
		Retaliation	
NOT Comm	Hy ven emmer E: Only nission o	Other (specify): CPI. Go na let From Patcol Stated phony service the was Driving we saying it was having problems I was let those grounds raised in the charge filed with the Equal Employment Opportunity those grounds raised by the federal district court.	1002 tigation, naving surgey unity
B.		s my best recollection that the alleged discriminatory acts occurred or began on or onth), (day), (year)	about:
C.	I belie	elieve that the defendant(s) (check one):	
D.	the ba	is still committing these acts against me. is not still committing these acts against me. fendant(s) discriminated against me based on my (check only those that apply and basis for discrimination, for example, what is your religion, if religious discriminalleged):	
	is and		
	/	race color	
		religion gender/sex	
		national origin	
		age My date of birth is (Give your date of birth only if you asserting a claim of age discrimination)	ı are
E.	The fa	e facts of my case are as follow (attach additional sheets of paper as necessary).	:
			<u> </u>

NOTE: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the Pennsylvania Human Relations Commission, or the Philadelphia Commission on Human Relations.

Exhaustion of Administrative Remedies:

III.

A.	It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on: 6/15/2626 (Date).
B.	The Equal Employment Opportunity Commission (check one):
	has not issued a Notice of Right to Sue Letter. issued a Notice of Right to Sue Letter, which I received on \\ \ \ \ \ \ \ \ \ \ \ \ \
	NOTE: Attach to this complaint a copy of the Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.
C.	Only plaintiffs alleging age discrimination must answer this question.
	Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (<i>check one</i>):
	60 days or more have passed fewer than 60 days have passed.
D.	It is my best recollection that I filed a charge with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations regarding the defendant's alleged discriminatory conduct on: (Date).
E.	Since filing my charge of discrimination with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations regarding the defendant's alleged discriminatory conduct (<i>check one</i>):
	One year or more has passed. Less than one year has passed.

IV. Relief

	RE , Plaintiff prays that the Court grant such relief as may be appropriate, including ders, damages, and costs as well as (<i>check only those that apply</i>):
	Direct the defendant to hire the plaintiff.
	Direct the defendant to re-employ the plaintiff.
	Direct the defendant to promote the plaintiff.
	Direct the defendant to reasonably accommodate the plaintiff's disabilities.
. —	Direct the defendant to reasonably accommodate the plaintiff's religion.
	Direct the defendant to (specify):
	If available, grant the plaintiff appropriate injunctive relief, lost wages,
	liquidated/double damages, front pay, compensatory damages, punitive damages,
	prejudgment interest, post-judgment interest, and costs, including reasonable
	attorney fees and expert witness fees.
	Other (specify):
I declare un	der penalty of perjury that the foregoing is true and correct.
Signed this _	_day of, 20
	Signature of Plaintiff Buly Len
	Address 1235 S. Warnack St.
	Phila, PA 19197
	Telephone number 267-671-5070 Fax number (if you have one)

Philadelphia, PA 19147

S.M.S.L

Clerk of Coust United states District court 601 masket steet, Room 2609 Philadelphia, PA 19106-1797







